## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name S56701

(3)

GRANT	PROPERTY MANAGEMEN	IT COMPANY						
Principal Place of Business  1700 S DIXIE HWY SUITE 2AB BOCA RATON FL 33432		Mailing Address					. II DI OCOCE DIGIA D	(B)) B(B)6 B(B)) B(B)( (BB)
		1700 S DIXIE HWY SUITE 2AB BOCA RATON FL 33432			Date Incorporated or Qualified			
						06/03/1991	04/1	11/1995
2. Principal Pla	ice of Business	2a. Mailing Addres	SS .			4. FEI Number		Applied For
21   Suite, Apt. #	/ atc	26				65-0265220	*	Not Applicable
22		Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State		City & State				6. Election Campaign Financing		\$5.00 May Be
23		28				Trust Fund Contribution	[]	Added to Fees
Zip Country		Zιρ				8. This corporation has liability for intangible tax under s. 199.032,		
24 25 25 9. Name and Address of Current		29	11 I ' I			Horida Statutes   Yes   No 10, Name and Address of New Registered Agent		
	g. Name and Address of Corre	in negistered Agent	81	Nam	···	10. Name and Address of New H	egistered Ag	ent
CUITENC	TEIN CADY I			, -				
Gutenstein, Gary J. 1700 s dixie hwy		82 Street Ac		et Addres	s (P.O. Box Number is Not Acceptab	le)		
SUITE 2/			83					
	TON FL 33432						- — — — <sub>Т</sub>	
			84	City			FL	85 Zip Code
familiar with SIGNATURE	specific property mane of the february agen	cario tident applicable ID DIRECTORS	(NOTE: Registered Agen			on submits this statement for the pur of directors. Thereby accept the apport the seconds by: ADDITIONS/CHANGES TO OFFI	CERS AND D	IRECTORS IN 12
NAME	" X X	☐ DELET						Change
STREET ADDRESS	GUTENSTEIN, GARY J 1700 S DIXIE HWY #2AB		1.2 NAME	ADDRESS				
CITY-ST-7IP	BOCA RATON FL		13 STREET 14 CHY S		"			
THE	V	DELET						Change   Addition
NAME	GUTENSTEIN, ADRIENNE M		2.2 NAME					, ,
STREET ADDRESS	1700 S DIXIE HWY #2AB		2 3 STREET	ADDRES:	5			
CITY ST ZIP	BOCA RATON FL		24 CITY - S	r- 2iP				
THILE		DELET	E 3 1 THILE					Change 🔲 Addition
NAME			3.2 NAME					
STHEET ADDRESS			: 33 SIRFET		iS .			
CITY-ST-ZIP THILE		DELET	34 CHY-S E 4 1 TITLE	. <u> </u>				Change
NAME			4 2 NAME		ļ		₩.	Change
STREET ADDRESS			4.3 STREFT	ADDRESS				
CITY-ST ZIP			4.4 C·TY - S		,			
TITLE		DELE 1						Change
NAME			5.2 NAME					_
STREET ADDRESS			5 3 STREET	ADDRESS	5			
CI1Y-S1-ZIP			5.4 CITY - S	[-ZIP				
1171.6		DELETI	•					Change Addition
NAME			6.2 NAME					
STREET ADDRESS			63 STREET		5			
14. Ldo hereby	certify that the information supplied	with this filma is volunted	6.4 CHY-Silv furnished and doos	-ZIP	Lality for t	the exemption stated in Section 119.	OZIGNIKI Etasid	2 Statidae   fidher
certify that oath; that I	the information indicated on this annu	ua' report or supplement pration or the receiver or	al annual report is tru trustee empowered t	e and a	accurate :	and that my signature shall have the aport as required by Chapter 607, Flo	eania lagal offe	act as if made under

**SIGNATURE:** 

1/16/96 407-392-9565